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ABSTRACT

While there is growing awareness of the special needs and problems of older adults, little research has focused on differentiating groups within the older population. To determine whether different types of problems are more likely at specific ages within a range typically served at geriatric facilities, geriatric clinic patients in three age groups, 60-69, 70-79, 80-89, were evaluated Information about patients' medical, socioeconomic (SES) and psychological problems, as perceived by staff and patients, was compared. Overall, for both patients and staff, physical problems were perceived most frequently, psychological problems next most frequently, and socioeconomic problems least frequently. Frequency of perceived physical problems did not vary significantly among patients in their 60's, 70's, or 80's. Frequencies of psychological problems were perceived less often by patients than by staff, regardless of patient age. Patients in their 80's reported psychological problems less often than younger patients. Both patients and staff perceived fewer SES problems among patients in their 80's than among those in their 60's and 70's. Exploring the degree to which these problems interfere with patients' functioning is merited. (Author/JAC)

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PROBLEM DIFFERENCES ACROSS AGE LEVELS IN A GERIATRIC POPULATION

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Paper presented at the Annual Meeting of the Gerontological Society, Boston, MA, November 19-23, 1982.

PROBLEM DIFFERENCES ACROSS AGE LEVELS IN A GERIATRIC POPULATION

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THE PURPOSE OF THE PRESENT STUDY WAS TO EXPLORE WHETHER DIFFERENT FREQUENCIES AND TYPES OF PROBLEMS ARE MORE LIKELY TO OCCUR AT SPECIFIC AGES WITHIN THE AGE RANGE TYPICALLY SERVED AT GERIATRIC FACILITIES. THE SAMPLE, RANDOMLY SELECTED FROM A COMPREHENSIVE CARE GERIATRIC CLINIC, CONSISTED OF 120 NEW PATIENTS, 40 IN EACH OF THE FOLLOWING AGE GROUPS: 60-69, 70-79, 80-89. INFORMATION ABOUT PATIENTS' MEDICAL, SOCIOECONOMIC (SES) AND PSYCHOLOGICAL PROBLEMS, AS PERCEIVED BY CLINIC STAFF AS WELL AS BY THE PATIENTS, WAS OBTAINED FROM MEDICAL CHARTS. OVERALL, FOR BOTH PATIENTS AND STAFF, PHYSICAL PROBLEMS WERE PERCEIVED MOST FREQUENTLY, PSYCHOLOGICAL PROBLEMS NEXT MOST FREQUENTLY AND SES PROBLEMS LEAST FREQUENTLY. FOR BOTH PATIENTS AND STAFF, FREQUENCY OF PERCEIVED PHYSICAL PROBLEMS DID NOT VARY SIGNIFICANTLY ACROSS DECADES; BOTH GROUPS REPORTED SIMILAR FREQUENCIES WITHIN EACH DECADE. IN CONTRAST, FREQUENCIES OF PSYCHOLOGICAL PROBLEMS WERE PERCEIVED LESS OFTEN BY PATIENTS THAN BY STAFF, REGARDLESS OF PATIENT AGE LEVEL; PATIENTS IN THEIR 80's REPORTED PSYCHOLOGICAL PROBLEMS LESS OFTEN THAN PATIENTS IN THEIR 60's AND 70's. FINALLY, BOTH PATIENTS AND STAFF PERCEIVED FEWER SES PROBLEMS AMONG PATIENTS IN THEIR 80's THAN AMONG PATIENTS IN THEIR 60's AND 70's. IMPLICATIONS ARE DISCUSSED.

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Problem Differences Across Age Levels in a Geriatric Population

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In recent years, American society has demonstrated growing awareness of special needs and problems among its older members. The burgeoning numbers of geriatric service centers and training program programs are attempts to address these needs and problems; they provide provide specialized services and information typically unavailable at non-geriatric-centered establishments.

The effectiveness of providing age-related specialized care rests on several assumptions: first, that older persons are in some important ways different from younger persons and/or changed from their younger selves; second, that these differences and changes are identifiable by those who work with older people; third, that identification of these differences and changes by those who work with older people can lead to improved service provision; and, fourth, that these differences and changes are systematic, i.e., they are present or absent to varying degrees within the older population because they correlate with chronological age.

One example which clearly fits all four assumptions is hypertension. Hypertension is more common among older people than among younger people or younger selves, it is observable and measurable, and identification of it can lead to early and more effective treatment and thereby reduce the likelihood that the patient will acquire other

serious conditions with which hypertension is associated. Lastly, its greater prevalence among older people than among younger people or younger selves is believed to reflect an age-related phenomenon. Therefore, it makes sense both therapeutically and cost-effectively to offer free periodic blood pressure check-ups at community centers for older persons (and not to offer such at community centers for younger persons).

While there have been many comparisons made between older and younger groups of people, little study has focused on differentiating groups within the older population. Just as young-old comparisons have yielded information which has ultimately led to improved service delivery, similar study within the older group might shed light on specialized problems and needs within this group.

The present study was a preliminary effort to explore this issue. In particular, the study was designed to ascertain whether different types and frequencies of problems are more likely to occur at specific ages within the age range typically served at geriatric facilities. 120 subjects were selected from among the 2000+ outpatients of the Bellevue Geriatric Comprehensive Care Clinic. The clinic is comprised of a multidisciplinary team of service providefs. Patients initially are evaluated by whomever seems most appropriate, given the patients' presenting problems (e.g., social worker for housing concern, cardiologist for palpitations, rheumatologist for stiffness of the legs, psychologist or psychiatrist for memory loss). Patients then may be referred to other members of the clinic team for additional evaluation and follow-up. In this study, the patient sample was drawn randomly from the total

clinic population until there were 40 subjects in each of the following age groups: 60-69, 70-79 and 80-89. Information about subjects' medical, social and psychological-psychiatric problems, as perceived by clinic staff as well as by the patients, was obtained from the medical charts and was compared.

Analyses of the data (see Tables I and II) indicate that overall, both for patients and staff, medical problems were perceived most frequently, psychological problems were perceived next most frequently and social problems were perceived as occuring least frequently. For both subjects and service providers, frequency of perceived medical problems did not vary significantly across decades; both groups reported similar frequencies within each decade. In contrast, frequencies of psychological problems were perceived less often by subjects than by service providers, regardless of subjects' age decade (this discrepancy was especially notable for subjects in their 80's) . Subjects in their 80's reported psychological problems less often than did subjects in their 60's and 70's. Finally, although not statistically significant, it was striking to note that both subjects and service providers perceived slightly fewer social problems among subjects in their 80's than among subjects in their 60's and 70's.

The results of this study raise several points of interest. First, on the average, older subjects in this study were perceived both by themselves and by others as experiencing more medical problems than social or psychological ones. This is not surprising, given that an increase in physical complications is a well-documented concomitant of advancing age. Although both social and psychological problems affect many older people, neither are nearly as likely to emerge with advancing age as are physical problems.

More surprising is the small difference noted between the frequencies of medical problems across the three decades, as perceived both by the subjects and by the service providers. In other words, persons in their 70's entered the clinic with reportedly only minimally more medical problems than did persons in their 60's; similarly persons in their 80's entered the clinic with reportedly only minimally more medical problems than did persons in their 70's. Within the range of ages included in this study, then, age was not found to be related to frequency of medical problems.

Possibly, subjects of different decades differed in terms of the nature and/or intensity of their medical problems. This question was not directly addressed in the current study. However, a general perusal of the medical problems mentioned by subjects and service providers reflected no striking similarities within decade groups or differences between decade groups in regard to either specific medical conditions or severity of those conditions. A more systematic study of severities and types of medical problems afflicting different-aged older persons could help to clarify this issue.

As mentioned above, psychological problems were found to be far less numerous than were medical ones. There was a trend across decades for subjects to report themselves as having fewer psychological problems than was reported by service providers (although statistical significance was obtained only in comparing the perceptions of subjects who were in their 80's and service providers). This trend suggests either an overestimation by service providers or an underestimation by subjects of subjects' psychological problems. The data from this study cannot yield information regarding which of these is a more likely explanation. However, it does highlight that a discrepancy between older persons' and service providers' perceptions

of psychological problems is relatively common. In general, if a patient and a service provider have major difference of opinion regarding the patient's psychological stae, and if this difference is not acknowledged, interventions are likely to have reduced effectiveness. To the extent that the results of this study are generalizable to other older people, it is recommended that service providers and patients jointly discuss each of their perceptions of the patient's psychological state and each of their goals in working together.

The above recommendation may be particularly important when working with persons in their 80's, who, in this study, reported themselves as having significantly fewer problems than service providers thought them to have. Again, additional research is necessary to determine if persons in their 80's truly have fewer psychological problems than others perceive them to have or rather if these older persons tend to underestimate the true extent of their psychological problems.

The final point of interest relates to social problems, which were perceived least frequently, both by subjects (of all decades) and by service providers. This reported low frequency of social problems is difficult to interpret conclusively. One possible explanation is that the number of social problems experienced by older persons truly is small, perhaps because with increasing age people become increasingly adaptive in managing their social affairs. An alternative explanation is that more social problems exist but go unreported and undetected; this could be the case for a number of reasons, e.g., because the setting is medically oriented or because older persons feel too proud to discuss their social difficulties. A third possible explanation for the low number of reported social

problems (and for psychological ones as well) is that there may be a larger pool of problems to draw from medically than socially (or psychologically). Furthermore, as mentioned above in reference to other domains, consideration of the intensity of the social problems is extremely important; the existence of one social problem may be much more disturbing to the patient than the existence of three or four medical problems. Both in practice and in follow-up research on this study, exploring the degree to which the problem interferes with the person's functioning is merited.

TABLE I FREQUENCIES OF SUBJECTS' PROBLEMS AS PERCEIVED BY SUBJECTS VERSUS BY SERVICE PROVIDERS

Age Groups (by decade)	Perceptions of Service Providers			Perceptions of Subjects		
	Medical	Social	Psychological	Medical	Social	Psychological
60-69 N=40 $\bar{x}$=65.75	118 (70%) $\bar{x}$=2.95	11 (7%) $\bar{x}$=0.28	39 (23%) $\bar{x}$=0.98	120 (71%) $\bar{x}$=3.00	19 (11%) $\bar{x}$=0.48	30 (18%) $\bar{x}$=0.75
70-79 N=40 $\bar{x}$=74.50	125 (70%) $\bar{x}$=3.13	16 (9%) $\bar{x}$=0.40	38 (21%) $\bar{x}$=0.95	127 (70%) $\bar{x}$=3.18	18 (10%) $\bar{x}$=0,45	36 (20%) $\bar{x}$=0.90
80-89 N=40 $\bar{x}$=82.75	134 (72%) x=3.35	10 (5%) $\bar{x}$=0.25	42 (23%) $\bar{x}$=1.05	128 (80%) $\bar{x}$=3.20	13 (8%) $\bar{x}$=0.33	19 (12%) $\bar{x}$=0.48

Table II

Chi Square Analyses

		X^2	df	significance
1.	Comparison of medical problems across all three decades as perceived by service providers	1.92	2	-
2.	Comparison of social problems across all three decades as perceived by service providers	1.68	2	-
3.	Comparison of psychological problems across all three decades as perceived by service providers	1.16	2	-
4.	Comparison of medical problems across all three decades as perceived by subjects	.30	2	-
5.	Comparison of social problems across all three decades as perceived by subjects	1.24	2	-
6.	Comparison of psychological problems across all three decades as perceived by subjects	5.25	2	-
7.	Comparison of medical problems of subjects in their 60's as perceived by service providers versus subjects	.02	1	-
8.	Comparison of social problems of subjects in their 60's as perceived by service providers versus subjects	2.13	1	-
9.	Comparison of psychological problems of subjects in their 60's as perceived by service providers versus subjects	1.17	1	-
10.	Comparison of medical problems of subjects in their 70's as perceived by service providers versus subjects	.02	1	-
11.	Comparison of social problems of subjects in their 70's as perceived by service providers versus subjects	.12	1	-
12.	Comparison of psychological problems of subjects in their 70's as perceived by service providers versus subjects	.05	1	-
13.	Comparison of medical problems of subjects in their 80's as perceived by service providers versus subjects	.14	1	-
14.	Comparison of social problems of subjects in their 80's as perceived by service providers versus subjects	.39	1	-
15.	Comparison of psychological problems of subjects in their 80's as perceived by service providers versus subjects	8.67	1	.05